State of California—Hoelin and swaller Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
UNIFORM HAZARDOUS WASTE MANIFEST
14-744 P Strest
Secremento, CA 55614
P. 0 . #7485



		o, CA 95614 t or type with ELITE type (12 Characters bar inch).		STATE ID NU	IMBER	235	340f	35	
		GENERATOR NAME AND MAILING ADDRESS PARA PLATE PLASTICS 3242 E. OLYMPIC BLYD.			MANIFEST COCUMENT NUMBER EPAILD NUMBER				
	i Luski	LOS ANGELES, CA. 90023 LANGA CODE/PHONE NUMBER				3 6 48 .			
		THANSPORTER NO. T OMEGA CHEMICAL CORP. 12504 E. WHITTIER BLVD. WHITTIER, CA. 30602	Q 0	0, 42,5, 0			2, 45	0, 0,1	
		TRANSPORTER NO. 2/ALTERNATE TSD FACILITY	VEH	CONTAINER NO		EPA ID N	UMBER		
							<u></u>	<u> </u>	
		TREATMENT, STORAGE, OR DISPOSAL (ISD) FACILITY OMEGA CHEMICAL CORP.				EPA ID N	UMBER		
GENERATOR		AREA CODE/PHONE NUMBER 213/698+0991			G A	D 04 2	2,45	op 1	
BY GE			N/NA MBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER	WAST CAT N	E DISP. O METH	
BE FILLED IN		HAZARDOUS WASTE, LIQUID N.O.S - ORM-E N 49	1, 89	1 1 60	G ^s	0 0 D	M 21,	1 0,1	
BE FIL		I LEADSOLVENS							
5	2	COMPONENTS			UPPER	RANGE LOWER	/ _% UN	PPM	
		PERCHLOROETHYLENE				65			
		PHOTO POLYMER RESIN				20			
		N-BUTYL ALCOHOL				4			
		SPECIAL HANDLING INSTRUCTIONS							
***************************************	(*************************************	This is to certify that the above-named wastes are properly classified, dascribed, packaged proper diadition for transportation according to the applicable requirements of the Department of th		d labeled, and are presented and the second	M M	O. DA	Y	YR (
) BE FILLED IN	овтев Л	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Primed or typed full name and signature	-	R	ATE MEC'D	0. DA	4	VR & A	
O BE FIL	BY TRANS	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WAS LES		R	EC'D	O DA	Y	YR	
	•	Printed or typed full name and signature DISCREPANCY INDICATION SPACE		ACC	EPTED				
TO BE		Facility owner or operator: Certification of receipt of hazardous waste covered by this mani discrepancy indication space above. Note: TSDF must complete waste number. See instructions. Reinted or typed full name and signatuse. TSDE SENIOS THIS CODY TO DO	EPA (D.)] [G] 4	s, noted in the NUMBER		DATE RECEIVED	Y /	YR	